



MEMBERSHIP APPLICATION

QUT - MNH NURSING AND MIDWIFERY ACADEMY

New Applicants

To apply for membership, please refer to the Academy Membership Criteria, email or speak to the Priority Group Lead, complete the application, and return to the QUT-MNH Nursing and Midwifery Academy (nursing.academy@qut.edu.au) with the following attachments:

- Curriculum Vitae (maximum of 2 pages); and
- A statement of maximum 250 words detailing how you will contribute to the vision, objectives, and activities (e.g., research, education, or entry to practice) of the Academy through the nominated Priority Group.

Renewal of Membership

Reapplying applicants must present a statement:

- Summarising their contributions to the Academy (i.e., attendance at priority group meetings, contribution to group outcomes e.g., projects, joint publications, grant applications, education and/or entry to practice activities commensurate to the Special Operational Plan; and
- Describing how over the past 12 months, their contribution(s) have advanced the mission of the QUT Metro-North Academy.

I consent to my information being processed and retained by QUT and MNH for the purpose of membership application:

I consent

I do not consent

Personal Details (please complete all details)			
Name			
Position title			
Facility			
Name of employer			
Postal address			
Email contact	(H)	(W)	
Contact phone numbers	Work:	Mob:	AHPRA Registration No:
Priority Group of interest	<input type="checkbox"/> Group 2 Entry to Practice	<input type="checkbox"/> Group 3 Postgraduate - Teaching and Learning Professional Education	<input type="checkbox"/> Group 4 Research

Application Details (please complete all details)	
Line Manager/ Head of School support for Application <input type="checkbox"/> Yes	Name Designation Signature Date
Application type	<input type="checkbox"/> New membership <input type="checkbox"/> Membership renewal
Applicant statement	I (applicant name) agree to abide by the Academy Membership criteria for the term of my membership. Signature Date

OFFICE USE ONLY	
Application Endorsement	<input type="checkbox"/> Application supported <input type="checkbox"/> Application not supported (provide rationale)
Chief Nursing and Midwifery Officer (or delegate) Metro North Health	Name Signature Date
Head - School of Nursing QUT	Name Signature Date